Request Form for Online Access to the STAC Database

This form is used by representatives of School Districts (including BOCES), SED-approved Education Providers and Municipalities who wish to access data directly from the STAC database. This application is required to obtain a valid User Code and password, change access rights or delete a user. By signing this application, Superintendents (for school districts), Program Directors (for SED-approved special education providers) and Section 4410 Municipality Representatives (for municipality access) are assuring the STAC, Special Aids and Medicaid Unit that individuals listed are authorized to view data on the STAC database. Districts are responsible for making sure that only authorized individuals are granted access to the STAC Online System.

AGENCY INFORMATION			
Type of Agency ☐ School District ☐ Private Provider ☐ Municipality ☐ I.Y. Program	Contact Designated for STAC Unit		Job Title
	Mailing Address		
Name of Above	City	State	Zip(+4) –
12-digit SED (BEDS) Code:	Phone	Fax	Email

Name, Title and E-mail address are required for all requests. Check ***one*** STAC box AND/OR ***one*** AVL box for new users and existing users seeking a change in access rights. Check the "Delete User" box to terminate access rights for an existing user.

NAME	TITLE	E-MAIL ADDRESS	STAC INQUIRY ONLY	STAC INQ, ADD &UPDATE	*AVL VIEW ONLY*	*AVL VIEW & VERIFY*	DELETE USER
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- **DISTRICT SUPERINTENDENT (SCHOOL DISTRICT & I.Y. PROGRAM)**
- **PROGRAM DIRECTOR (PROVIDER)**
- **MUNICIPALITY REPRESENTATIVE (COUNTY)**

Access to the STAC database will comply with the requirements of the federal Family Educational Rights and Privacy Act (20USC § 1232-g) and 8 NYCRR §200.2 (b)(6).

Signature	Title	Date
		___ / ___ / _____

Print Name	**Telephone** (Area Code) (Number)
Email	**Fax** (Area Code) (Number)

Return Original form to:

New York State Education Department
STAC, Special Aids & Medicaid Unit
89 Washington Avenue, Room 514 EB
Albany, NY 12234

Attention: Adam Lenhardt

All User Codes and passwords will be sent to the Superintendent, Program Director, or Municipality Representative indicated in the signature section of this application. Request forms signed by someone other than the appropriate individual will be rejected. Please notify the STAC Unit of any unauthorized sharing of User Codes and passwords, so that the STAC Unit can discontinue access to any affected User Codes and passwords.